DEPARTMENT OF HEALTH SERVICES

714/744 P Street P.O. Box 942732 Sacramento, CA 94234-7320 (916) 657-2941

November 13, 1998



PETE WILSON, Governor

Letter No.:98-54

TO: All County Welfare Directors All County Administrative Officers All County Medi-Cal Program Specialists/Liaisons All County CalWORKs Program Specialists All County Public Health Directors

TRANSITIONAL MEDI-CAL (TMC) INFORMATIONAL PAMPHLET/POSTCARD

Ref.: All County Welfare Directors Letter No. 98-24

The purpose of this letter is to inform counties of TMC activities required as a result of recent state legislation.

Background

Senate Bill 391 required that the State Department of Health Services (DHS) develop community outreach efforts to inform potential eligibles of the existence of the TMC program, including the eligibility requirements and how to make application for the program.

Informational Materials

As one of those efforts, DHS has contracted for the design of three informational materials that will be made available to interested individuals. The first item, the TMC Postcard, will be mailed to individuals who call the TMC toll-free phone number after November 1, 1998. The postcard will not be available through any other means.

The remaining two materials consist of a pamphlet and a "slim-jim." Either are suitable for envelope enclosure. Both items will be available to county welfare departments to distribute to potential TMC eligible families directly or through community partners.

Counties who wish to order may do so using the enclosed order form after November 9, 1998. The pamphlets will not be available through the DHS Forms Warehouse. Counties should consider their potential TMC population when deciding on the number of pamphlets to order. All County Welfare Directors All County Administrative Officers All County Medi-Cal Program Specialists/Liaisons All County CalWORKs Program Specialists All County Public Health Directors Page 2

We have enclosed black and white copies of the informational materials, however, the originals are in color. If you have any questions, please contact Marge Buzdas of my staff at (916) 657-0726.

Sincerely,

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Angeline Mrva, Chief Medi-Cal Eligibility Branch

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Enclosures

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TMC - Transitional Medi-Cal Order Form

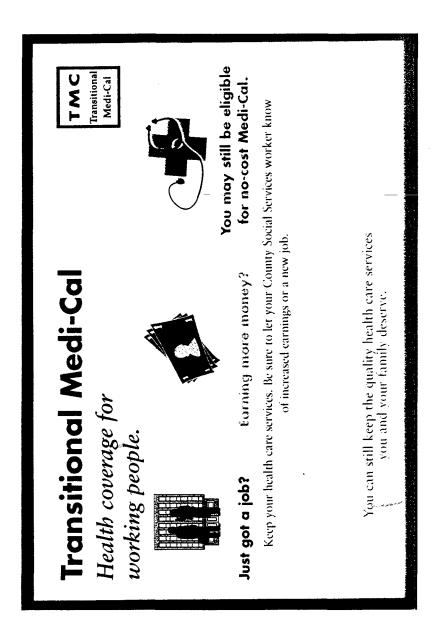
Please indicate the quantities you would like of the following outreach materials. We will do our best to fill your order as available inventory allows.

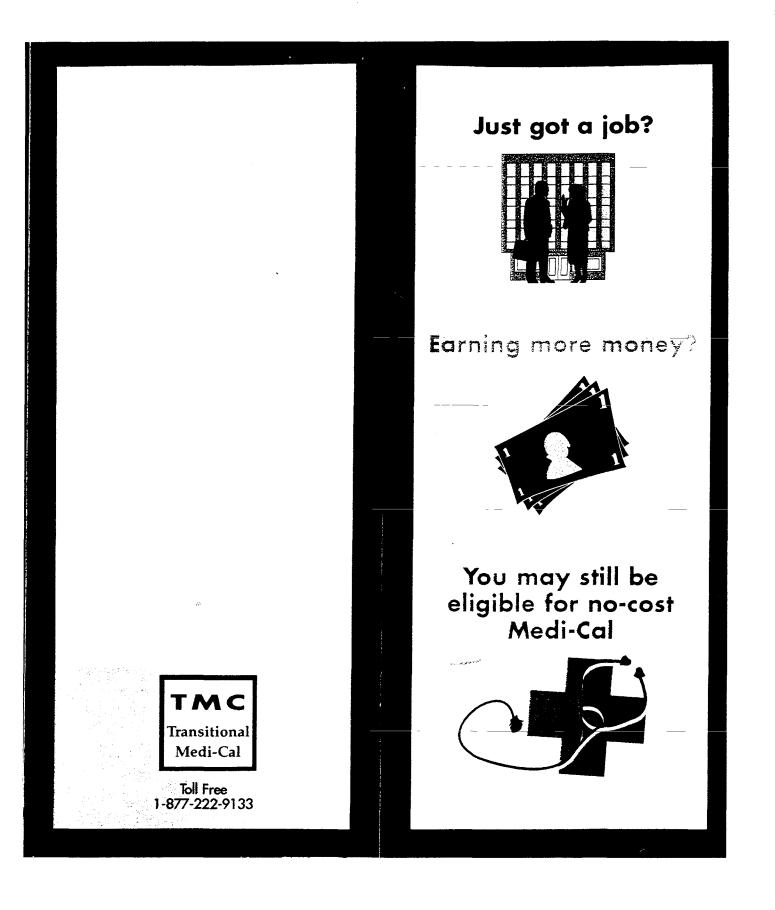
TMC Pamphlet	
English	
Spanish	
Vietnamese	
Cambodian	
Hmong	
Armenian	
Cantonese	
Lao	
Russian	
Farsi	

TMC Slim-Jim	
English	
Spanish	-
Vietnamese	-
Cambodian	
Hmong	
Armenian	
Cantonese	
Lao	
Russian	
Farsi	

All TMC materials are provided free of charge. This form can be photocopied for future orders. If questions contact Alyssa Ficke at the number below. (Sample of materials shown on reverse.)

Office use only: Order #	
Mail or FAX your order form to: Phone: (916) 442-3613	TMC Outreach Campaign Admail West 1515 North C Street Sacramento, CA 95814 FAX: (916) 443-6526
Please send the materials to the following add NOTE: We cannot deliver to a P.O. Box	dress:
Date:	Contact Person:
Street Address:	Organization:
City:	Phone:
Zip:	FAX:





Transitional Medi-Cal

Health coverage for working people.



Transitional Medi-Cal (TMC) is for California families who lose cash aid or AFDC-Medi-Cal due to higher earnings from work.

HOW YOU CAN KEEP YOUR HEALTH CARE SERVICES,

To get the first 6 months of TMC, you must have a child in the home.

To get the rest of the months of TMC, you must continue to work and earn under a certain amount. If you are the principal earner or caretaker you and your family may get no-cost Medi-Cal for 12 months or more if you:

- get a new job or
- earn more money from your current job.

Transitional Medi-Cal (TMC) means you can still keep the quality health care services you and your family deserve.

